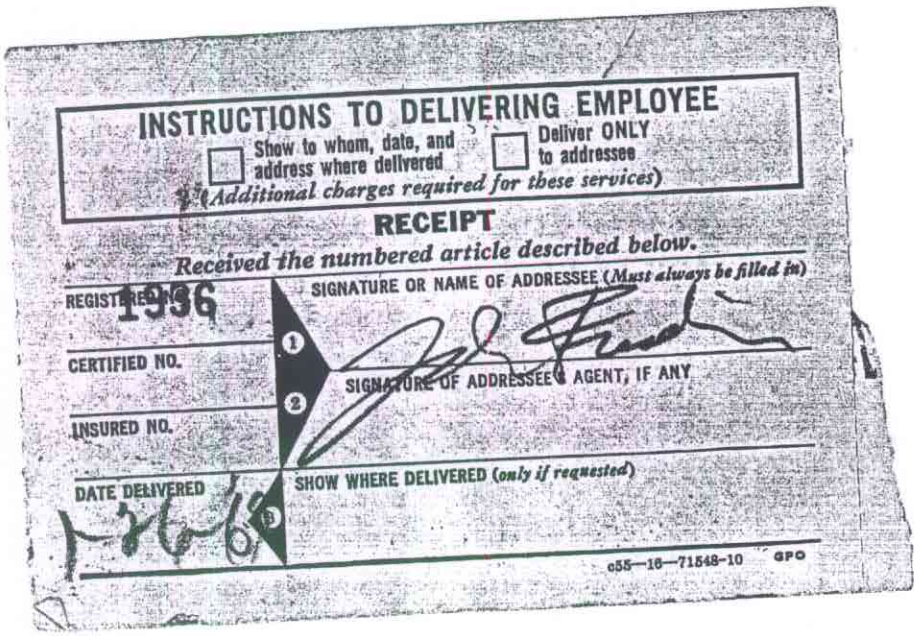


INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. 1936

CERTIFIED NO.

INSURED NO.

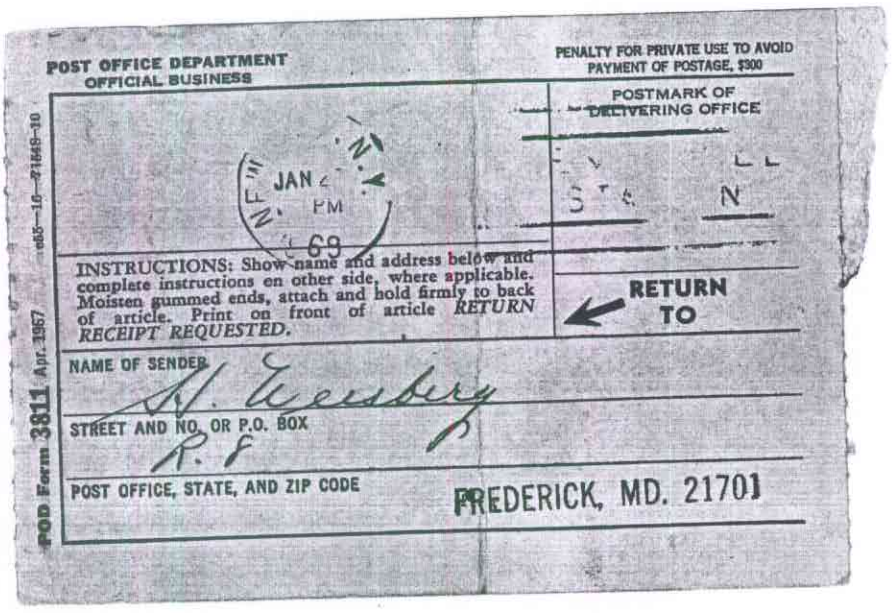
DATE DELIVERED 1-26-69

1 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

3 SHOW WHERE DELIVERED (only if requested)

c55—16—71548-10 GPO



POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

JAN 2 PM 69

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER

H. Eversberg

STREET AND NO. OR P.O. BOX

R. F. D.

POST OFFICE, STATE, AND ZIP CODE

FREDERICK, MD. 21701

POD Form 3811 Apr. 1967 c65—16—71649-10